

14230 U.S. PTO  
06/20/03

PTO/SB/05 (05-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	HO-P02483US1
	First Inventor	Michelle D. Martin
	Title	MTA1 IS A PREDICTIVE AND PROGNOSTIC FACTOR IN HUMAN BREAST CANCER
	Express Mail Label No.	ER147058964US

<b>APPLICATION ELEMENTS</b>  See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>76</b> ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>10</b> ] 5. Oath or Declaration [Total Sheets <b>1</b> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
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<b>ACCOMPANYING APPLICATIONS PARTS</b>	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input checked="" type="checkbox"/> Other: <b>Cover sheet for patent application</b>	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>19. CORRESPONDENCE ADDRESS</b>	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>*26271*</b> 
or <input type="checkbox"/> Correspondence address below	
Name _____ Address _____ City _____ State _____ Zip Code _____ Country _____ Telephone _____ Fax _____	

Name (Print/Type)	Jila Bakker	Registration No. (Attorney/Agent)	P53,962
Signature		Date	June 20, 2003

<b>Utility Patent Application Transmittal</b> I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER147058964US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: June 20, 2003 Signature:  (Linda A. Bourg)	
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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="font-size: small; margin: 0;">Effective 01/01/2003, Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Not Yet Assigned	
		Filing Date	
		Concurrently Herewith	
		First Named Inventor	
		Michelle D. Martin	
Examiner Name		Not Yet Assigned	
Art Unit		N/A	
TOTAL AMOUNT OF PAYMENT		(\$)	
660.00		Attorney Docket No.	
		HO-P02483US1	

<b>METHOD OF PAYMENT (check all that apply)</b>				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">06-2375</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px 50px;">Fulbright &amp; Jaworski L.L.P.</span> The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) necessary in filing this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																																									
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1801	750	2801	375	Request for Continued Examination (RCE)																																																																																																																																																																																																									
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Jila Bakker	Registration No. (Attorney/Agent)	P53,962
Signature		Telephone	(713) 651-5151
		Date	June 20, 2003

<b>Fee Transmittal</b>	
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Application No. (if known):

Attorney Docket No.: HO-P02483US1

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Application Data Sheet